

Attachment B - Resumes

Steven B. Scheer

Position

Principal, Health Management Associates, Inc., Chicago, Illinois.

Education

Harvard University, Executive Program in Health Policy, Planning and Regulation, 1978

Michigan State University, Master of Arts, Economics, 1974

Areas of Interest: Industrial Organization, Econometrics

Michigan State University, Bachelor of Science, Systems Engineering, 1970

Areas of Interest: Computer Languages, Artificial Intelligence, Mathematics, and Management

Range of Experience

Senior Executive with demonstrated expertise in legislative and executive branch advocacy, policy development, health finance and the development and marketing of hospital data systems.

Professional Experience

HEALTH MANAGEMENT ASSOCIATES, INC., Principal, September 2000 to present.

Works with state governments, hospitals and hospital associations around the country on strategic planning, covering the uninsured, Medicaid and Medicare policies, and special financing arrangements.

- Developed the Upper Payment Limit strategy for the Iowa Department of Human Services and the Iowa Hospital Association that removed the threat of HCFA recovery and expanded the upper limit.
- Developed the data collection and authentication process for the Ohio Hospital Association to improve the Ohio Health Care Assurance Program's acceptability. The Health Care Assurance program is the Ohio Medicaid DSH program.
- Developed the strategic business plan for the Washington State Hospital Association.

ILLINOIS HOSPITAL & HEALTHSYSTEMS ASSOCIATION, Executive Vice President (1990 – 2000), Senior Vice President (1986 – 1990).

State hospital association comprised of 205 member hospitals.

Responsibilities included healthcare policy formulation, corporate strategic planning, hospital information systems and member relations. Managed a staff of 55 with a budget of \$7 million.

- Improved Medicaid hospital inpatient payment rates. Illinois moved from worst paying state to “top ten” in rank of payment to cost.
- Developed strategy resulting in doubled Medicaid hospital outpatient payment rates.

- Organized and led “Critical Care” coalition made up of academic medical centers and major teaching hospitals in Illinois, to improve Medicaid payments by \$70 million per year.
- Created the “Cost of Doing Business” adjustment for Medicare reimbursement which increased total payments to Illinois hospitals by over \$200 million.
- Secured an alternative source of funding to replace the hated “hospital tax,” which had the effect of raising overall payments to hospitals by over \$300 million per year.
- Led the hospitals’ efforts in managed care reform, increasing both reimbursement and cash flow to hospitals.
- Developed and implemented COMPdata, the data system used by almost all Illinois hospitals and by the state hospital associations in six states.
- Raised member satisfaction to the highest level among large state hospital associations.
- Spearheaded the Physician/Hospital Institute to help doctors and hospitals resolve conflicts amicably.
- Developed the corporate strategic plan that led to the development of the COMPdata program and the Physician/Hospital Institute as well as the refocused direction of the Association toward excellence in policy formulation, advocacy, data and member satisfaction.

MICHIGAN HOSPITAL ASSOCIATION, Deputy Director & Vice President (1981 – 1986).

State hospital association with 180 member hospitals.

- Defeated hospital rate setting bill and limits on hospital capital expenditures.
- Developed interactive data system that provided hospital “peer” market and utilization data.
- Developed corporate strategic plan under which the Association focused its resources on important member interests including policy formulation and data services.

STATE OF MICHIGAN, DEPARTMENT OF SOCIAL SERVICES, Director, Office of Program Development & Reimbursement (1978-81); Director, Health Analysis Section (1974-78).

Helped to move Michigan Medicaid program from “bottom ten” to “top ten” in ranking of cost per beneficiary.

Community Involvement

- Illinois Healthcare Cost Containment Council, Board of Directors, 1991- 2000
- Michigan Statewide Healthcare Coordinating Council, 1984-86
- Governor’s Task Force on Hospital Capacity Reduction, 1977-78
- Governor’s Task Force on Healthcare Cost Containment, 1976-77

Memberships

- American Society of Association Executives
- Chicago Society of Association Executives

- American Economics Association
- Health Economics Research Organization
- Health Financial Management Association (past member)
- American College of Healthcare Executives (past member)

Jonathan C. Dopkeen, Ph.D.

Position

Principal, Health Management Associates, Inc., Chicago, Illinois.

Education

Ph.D., Boston University, University Professors Program, Health Policy Institute, Pew Doctoral Fellow (1988).

M.A. Urban Affairs and Policy Analysis, The New School for Social Research (1974).

A.B., Political Science, Tufts University (1972).

Teaching

Preceptor: DePaul University, Center for New Learning; Visiting Lecturer: Southern Illinois University, Edwardsville, Graduate Program on Urban Affairs and Policy Analysis; Guest Lecturer: Boston University School of Management; Harvard School of Public Health, Project Preceptor, Simmons College, Management Program.

Professional Experience

HEALTH MANAGEMENT ASSOCIATES, INC., Principal, June, 2000.

Returning fully to foundation experience and training in health and social policy analysis, with responsibility for opening a Chicago office. This followed two years of managing the cooperative affiliation between Health Management Associates and The Segal Company.

SEGAL COMPANY, Government Practice Leader, Chicago Region, March, 1988 – June, 2000.

Government Practice Leader, Chicago Region. Responsibility for the development, growth and quality of the Public Sector consulting practice in the upper Midwest region of this national actuarial and benefits consulting firm. Work continued to focus principally on health care data analytics, plan design, and evaluation of administrative programs. Client base included municipalities and cities, including the Cities of St. Louis, MO and Gary, IN, as well as the Counties of Will and Cook, the State of Iowa, as well as a FQHC health system, Access Community Health Network.

DOPKEEN & ASSOCIATES, January 1996 – March, 1998.

Independent consulting firm focused on data analysis and quality of large employer health and benefit plans for public sector as well as corporate clients. Clients included Humana Health Plans of Illinois, Will County, Heitman Financial. Also served on the Advisory Board of Directors of Quality Research Systems, Inc. (QRS), a Trials Management Organization (TMO) conducting demographically balanced clinical trials under contract to the pharmaceutical and biomedical industries, providing advice and support of strategic planning, enhancement of the proprietary network, institutional affiliations and the development of expanded research opportunities.

THE HAY GROUP, Senior Consultant, Chicago, Illinois, June 1993 - Jan. 1996.

Based in the Health Care Industry, Benefits/Actuarial and Public Sector practices. Led public sector health care collective bargaining practice, developed data analytic applications and coordinated capitation collaboration between provider and actuarial practices. Clients included Chicago Public schools (43,000 employees), Cook County (26,000), Kane County (1,000) and Will County (1,500). Consulted on state health care reform initiatives for the City of Chicago's Health Care Reform Taskforce and for Humana.

Developed and used applications of medical outcomes measurement for purchasers and strategic provider applications, including the use of improved outcomes as the basis for physician incentive compensation for an integrated health system.

WILLIAM M. MERCER, INCORPORATED, Principal, Chicago, Illinois, June 1988 - June 1993.

Health and Welfare Practice: Principal since 1991, Associate 1989. Developed modeling to support consulting applications in Retiree Medical, Long Term Care and Medicare Catastrophic Care. Clients included the Automakers (Ford, GM and Chrysler jointly) as well as Eagle Industries, Arthur Andersen, and other corporate and public clients (Municipality of Anchorage, Alaska). Developed public sector health care and collective bargaining practice, including City of Chicago (41,000 employees) and Chicago Public Schools, based on data-driven analyses and a collaborative negotiating model.

Initiated the use of medical outcomes measurement into Mercer's consulting, and forged strategic relationship and applications with suppliers of medical outcomes technology.

Work while in Doctoral Program: 1984 -1988

FAMILY LOGISTICS, INC., Principal, Cambridge, MA.

A firm providing case-management for dependent geriatric and disabled clients separated from families. Jan. 1986 - May 1988.

HEALTHCARE CONNECTIONS, LTD., Consultant, Braintree, MA.

Conducted market analysis for the Medicaid HMO waiver application for the Neighborhood Health Plan seeking federal certification as statewide HMO. Dec.1986-Feb. 1987.

BOSTON UNIVERSITY MEDICAL CENTER, Research Associate, September 1985 – October 1986.

Health Services Research Unit, Health Policy Consortium: HCFA Grant: Incentives in Nursing Home Reimbursement Systems.

Public Administration

WILL COUNTY, ILLINOIS, Director of Risk Management, September, 1996 - March, 1998.

Developed the Department of Risk Management, handling employee benefits, workers' compensation, property and casualty and aspects of Human resources for the County's Board and County Executive. Position was effectively 90% time, enabling the maintenance of an independent consulting practice.

CITY OF BOSTON, June 1974 - July 1984.

Department of Health & Hospitals, Deputy Commissioner for Administrative Services (1980-1984). Asst. Deputy Commissioner, Support Services, Boston City Hospital (1977 - 1980).

Department of Parks and Recreation, Special Assistant to the Commissioner. Directing analysis, systems and organizational development. March 1976 - Dec. 1977.

Mayor's Office of Public Service, Policy Analyst. June 1974 - March 1976. Designed and executed organizational change and systems development projects leading to greater efficiencies and improved service delivery in municipal agencies. Recruited, trained and directed the CDBG program evaluation staff (federal grant funds).

NEW YORK CITY

Citizens Budget Commission, Research Associate. Conducted research and program evaluations of large municipal programs for this non-profit civic watchdog group, including studies of the Police and Sanitation Department Productivity Programs as well as of faculty workload at The City University of New York.

Publications & Presentations (prior to Spring 1988)

Health Policy

Dopkeen, J., Post-Retirement Health Benefits: The Incidental Benefit. Doctoral Dissertation Published: 1998.

Participant, Conference on Long Term Care, American Medical Association, Chicago, Illinois, March 16, 1988.

Belson, P., Dopkeen, J., Getchell, W., "Eldercare": Meeting the Needs of Employees," Compensation and Benefits Management, Winter, 1988.

"Research Needs of Retiree Health Benefits" Symposium Participant, Gerontological Society of America, Washington, D.C., November 20, 1987.

Speaker, Midwest Pension Conference, (Ohio Valley Chapter), Cincinnati, Ohio, November 17, 1987.

"An Overview of Post-Retirement Health Benefits," presentation for American Federation of Teachers, Convention, Boston, Massachusetts, October 11, 1987.

"The Characteristics, Distribution and Funding of Retiree Health Benefits: The Implications for an Insecure Benefit," keynote presentation, AFL-CIO Conference on Retirees' Health Care Benefits, George Meany Center for Labor Studies, Silver Spring, Maryland, September 20-21, 1987.

"Managing Health Benefits for Retirees: Member Workshop for the Midwest Business Group on Health," panel moderator and presentation; Topic: What Can (and Should) Employers do to Manage Retiree Health Benefits? September 1, 1987.

"Post-Retirement Health Benefits: Assets or Liabilities," presentation and conference for the Greater Phoenix Coalition for Affordable Health Care, Phoenix, Arizona, July 14, 1987.

Dopkeen, J., "Post-Retirement Health Benefits: A Bottomless Liability?" Business and Health, June, 1987.

Dopkeen, J., "Post-Retirement Health Benefits: A Policy Synthesis," Health Services Research, February 1987, funded by the Pew Memorial Trust. This work was used as a background paper for "The Secretary's National Conference on Retiree Health Care Benefits: A Challenge for the Future," sponsored by the Department of Health and Human Services and The Washington Business Group on Health, June 25-26, 1987, Washington, D.C. Part of this article also appeared in Medical Benefits, May 30, 1987.

"Post-Retirement Health Benefits: The Distribution and Characteristics," a presentation at the National Health Policy Forum, George Washington University, October 14, 1986.

Commencement Speaker, Graduate Program of Urban Affairs and Policy Analysis, Southern Illinois University, Edwardsville, June 1986.

Schwartz, M., Barry, P., and Dopkeen, J., "Incentives in Nursing Home Reimbursement Systems," B.U./Brandeis Health Policy Consortium: HCFA Grant, November, 1986, (Unpublished).

Dopkeen, J., "Post-Retirement Health Benefits:" Discussion Paper for the Pew Conference "Transforming the Medical Market Through Aggressive Unitization Controls," Center for Industry and Health Care, Boston University, June, 1985.

Municipal Policy and Operations

Dopkeen, J., Scott, A., et al, Managing Vandalism. Parkman Center for Urban Affairs, Boston, 1978 (J. Dopkeen, Principal Investigator, National Science Foundation-Research Applied to National Needs grant).

Dopkeen, J., "Franklin Park Restoration: Managing CETA VI," Trends, National Parks and Recreation Association, Washington, D.C.: winter, 1978.

Dopkeen, J., The Department of Sanitation Productivity Program, Citizens Budget Commission, Inc., New York, 1973, Re-published in Solid Wastes Management, Spring, 1974.

Morris R. and Dopkeen, J., The Police Department Productivity Program, Citizens Budget Commission, Inc., New York, 1973.

Morris, R. and Dopkeen, J., Faculty Workload at the City University: The Case for an Increase, Citizens Budget Commission, Inc., New York, 1973

Scott D. McKibbin

Position

Senior Consultant, Health Management Associates, Inc., Chicago, Illinois.

Education

Bachelors Degree, Aerospace Studies, University of Long Beach, Long Beach, California, 1986

Range of Experience

Extensive experience with healthcare data analysis and has recently consulted with several large clients during the collective bargaining process to provide both a common basis for collective bargaining plan change values and insurance carrier negotiations/ bidding. Assisted clients with health care plan designs using claims data analysis/risk profiling; direct contracting initiatives between health providers and purchasers; underwriting and rate setting; benefits strategic planning; retiree medical plan design and rate setting; and plan implementation/communication.

Mr. McKibbin has consulted to the Congressional Research Service (CRS) on the Federal Employees Health Benefits Plans (FEHBP). He has assisted CRS in evaluation of recently enacted federal health care legislation including, the Health Insurance Portability and Accountability Act, Mental Health Parity, Mothers and Newborns Protection Act, and the State Children's Health Insurance Program. He also has assisted the Government Accounting Office (GAO) with an audit of the drug program for the FEHBP Medicare eligible retirees.

Professional Experience

HEALTH MANAGEMENT ASSOCIATES, INC, Senior Consultant, June 2000-present.

Recent client work includes a grant evaluation for a large foundation, assisting States of Delaware and New Hampshire with the HRSA related projects, cost-profiling for Michigan Community Mental Health Boards (CMH), and health care collective bargaining, health plan redesign, insurance carrier negotiations, and renewal assistance for large public sector employer.

THE SEGAL COMPANY, Benefits Consultant, Government and Corporate Practice, Nov. 1996- June 2000.

Responsibility for the development and growth of the Public and Private Sector consulting practice in the upper Midwest region of this national actuarial and benefits consulting firm. Work continued to focus principally on health care data analytics, plan design, and evaluation of administrative programs. Client base included municipalities and cities, including the Cities of St. Louis, MO and Gary, IN, as well as the Counties of Will and Cook, as well as a FQHC health system, Access Community Health Network.

THE HAY GROUP, Vice President, March 1991-November 1996.

Based in the Hay/Huggins, Benefits/Actuarial practices. Assisted in public sector health care collective bargaining practice, and developed data analytic applications. Clients included Chicago Public Schools (43,000 employees), Cook County (26,000), Kane County (1,000) and Will County (1,500). Consulted on state health care reform initiatives for the City of Chicago's Health Care Reform Taskforce and for

Humana. As noted above, assisted with CRS plan evaluation and costing model development for major federal health care legislation.

Independent Insurance Agent and Benefits Enroller, 1989-1991.

Organizations/Licenses

Elected Park Commissioner for Naperville, Illinois.

Life & Disability Insurance License, State of California, 1989.

Insurance Producers licensed in Fire, Casualty, Health & Life, State of Illinois, 1999.

Resourced & Quoted by:

Chicago Tribune

Crain's Chicago Business

Business Insurance

Gaylee L. Morgan, M.P.P.

Position

Consultant, Health Management Associates, Inc., Chicago, Illinois.

Education

M.P.P., University of Chicago, Chicago, IL.

B.A., Indiana University, Bloomington, IN.

Professional Experience

HEALTH MANAGEMENT ASSOCIATES, INC., Consultant, March 2002 to present.

- Supports client projects in the areas of Medicaid and SCHIP policy and finance, and programs to cover the uninsured.
- Areas of expertise also include hospital reimbursement and Medicaid 1115 and 1915(b) waivers.

THE UNIVERSITY OF CHICAGO HOSPITALS, Financial Policy Consultant, Chicago, IL, May 2001 to February 2002

- Served as in-house consultant on hospital reimbursement issues related to public, private and individual payers.
- Developed and maintained financial models to project hospital revenue, facilitate managed care contract negotiations and analyze hospital program areas.
- Performed data analyses and developed recommendations for specific hospital programs and overall strategic planning.

EXECUTIVE OFFICE OF THE PRESIDENT, OFFICE OF MANAGEMENT AND BUDGET, Program Examiner, Washington, DC, July 1998 to March 2001

- Medicaid policy/budget analyst with lead responsibility for Medicaid/Temporary Assistance for Needy Families (TANF) interactions, immigrant issues and Medicaid programs in the U.S. Territories and the District of Columbia
- Reviewed State Medicaid demonstration proposals for consistency with legal requirements, budget neutrality requirements and Administration policy
- Negotiated with States on budget neutrality and other terms and conditions of demonstration approval.
- Evaluated policy options, developed and wrote policy recommendations, and briefed agency and White House officials on Medicaid and other health financing issues
- Developed and negotiated the President's Budget for the U.S. Health Care Financing Administration (HCFA), totaling approximately \$2.3 billion annually.
- Worked with legislative drafting staff and actuarial staff to develop and estimate the costs of legislative proposals.

CHICAGO PANEL ON SCHOOL POLICY, Program Manager, Chicago, IL, March 1997 to June 1998

- Analyzed education policy issues including student mobility, parent involvement and mandatory summer school.
- Conducted school-based research including classroom observations and interviews with principals, teachers and other school personnel.

CHICAGOLAND CHAMBER OF COMMERCE, Consultant, Chicago, IL, October 1997

- Researched and wrote report on the potential impact of school choice policies in Chicago.

JOHN ADAMS ASSOCIATES INC., Senior Account Executive, Washington, DC, June 1994 to August 1996

- Developed, implemented and managed strategic communications programs on behalf of Fortune 500 companies, issue coalitions and trade associations.
- Wrote and placed op-eds, news releases, feature stories and media statements.
- Wrote testimony, background papers and other communications materials.

Rekha Ramesh, M.P.P

Position

Consultant, Health Management Associates, Inc., Chicago, Illinois.

Education

M.P.P., University of Chicago, Chicago, IL.

B.A., College of Arts and Sciences, Washington University, St. Louis, MO.

Professional Experience

August 2001: HEALTH MANAGEMENT ASSOCIATES, INC., Consultant.

Ms. Ramesh specializes in Medicaid policy and financing issues and the development of programs to cover the uninsured. Recent projects include the development of a disease and case management program for the State of Indiana's Medicaid program, and a review of State Coverage Initiatives for the Robert Wood Johnson Foundation.

August 1999 to July 2001: CONGRESSIONAL BUDGET OFFICE, U.S. CONGRESS, DIVISION OF HEALTH AND HUMAN RESOURCES, Associate Analyst, Washington D.C.

- Conducted research to produce estimates of the number of characteristics of uninsured and insured people. Determined how and why estimates vary among data sources. Evaluated options to expand health insurance coverage through expansion of government programs. Coauthored a forthcoming paper titled "Characteristics and Dynamics of the Uninsured."
- Explored and developed possible options in the annual *Budget Options* volume produced for Congress
- Studied and wrote up the effects of proposed legislation on the private sector
- Managed a preliminary analysis that examined the effect of the competitive bidding system on the rate of growth of capitation rates in the Arizona Medicaid system

July 1998 to September 1998: OFFICE OF MANAGEMENT AND BUDGET (OMB), EXECUTIVE OFFICE OF THE PRESIDENT, HEALTH FINANCING BRANCH, HEALTH DIVISION, Intern, Washington, D.C.

- Coordinated OMB's effort in the Administration's crackdown of nursing home abuse
- Evaluated Medicaid 1915(b) waivers and SCHIP plan submissions

July 1997 to September 1997: JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS, Oakbrook Terrace, IL.

- Managed selected Joint Commission surveys

September 1996 to June 1997: EVANSTON HOSPITAL, DIVISION OF NEUROLOGY, Research Assistant, Evanston, IL.

- Assisted neurologist in Multiple Sclerosis research
- Developed protocol for labeling apoptotic cells in mouse spinal cord tissue

- Publication: Macrophage infiltration in demyelination

Susan Dombrowski, R.H.I.A.

Position

Consultant, Health Management Associates, Inc., Chicago, Illinois.

Education

Bachelor of Science, Health Information Management, May 2000, Illinois State University, Normal, Illinois.

Professional Experience

HEALTH MANAGEMENT ASSOCIATES, INC., Consultant, 2000 to present.

- Assist clients with health care plan designs using comparative analysis, underwriting, and rate setting.
- Research and maintain data for projects.
- Performed cost profiling for Community Mental Health facilities.
- Conducted agency reviews on Homemaker/Personal Care services provided under a Home and Community Based Waiver for the Disabled & Elderly and AIDS population.
- Analyzed data for a large university college of pharmacy to determine eligibility for Medicaid matching funds
- Researched and maintained county specific, census and additional data for projects on issues such as: disease management, case management and senior prescription drug plans
- Scheduled and conducted assessments on Mentally Retarded and Developmentally Disabled individuals receiving services from specific Home and Community Based Waivers; also performed assessments on those individuals not on a specific Home and Community Based Waiver for comparison as an extension of the initial project

Internships

ABBOTT LABORATORIES, Professional Practice Intern, Research Data Technician, Abbott Park, Illinois, spring 2000.

- Entered and verified data for drug trial subjects.
- Performed data management quality assurance.
- Generated queries about errors or omissions on subject case report forms.
- Modified data on case report forms via addenda from the Medical Venture.

ST. JAMES HOSPITAL, Professional Practice Intern, Chicago Heights, Illinois, Summer 1999.

- Performed job analysis within the medical records department.
- Transcribed and coded inpatient and outpatient medical records.
- Updated cancer registry.

Organizations

American Health Information Management Association, member.

Illinois Health Information Management Association, member.

Thomas M. Donlon, FSA, MAAA

Position

Consultant, Donlon & Associates

Education

BS Mathematics from Loyola University of Chicago 1974

Professional Designations

Fellow of Society of Actuaries, 1983

Member of the American Academy of Actuaries, 1980

Professional Experience

Donlon & Associates, 1995 to present, President

Aon Consulting, 1987 – 1995, Executive Vice President

William M. Mercer, 1979-1986, Principal

CNA Insurance Companies 1974 –1979, Actuarial Associate

Tom is currently working with HMA as a subcontractor for the Delaware HRSA State Planning Grant actuarial modeling. Tom is a consulting actuary with more than 20 years of experience specializing in the health care area. He works with a wide range of clients including insurers, public sector clients, health care providers, and employers. Tom is a Fellow of the Society of Actuaries since 1983 and a Member of the American Academy of Actuaries since 1980. He received a Bachelor of Science degree from Loyola University of Chicago with a major in Mathematics. Tom is currently a member of the Board of Directors of the Christian Brothers Employee Benefit Trust, a nationwide health care plan insuring more than 25,000 plan participants.

At Donlon & Associates, Tom manages projects for a number of significant clients including Medstat, BP Amoco, First Health, Adventist Health Systems, Concert Health Plans, the State of Delaware, Delta Dental, and Western Services HMO. These projects include developing health and welfare plan rating models, setting trend rates, certifying claim liabilities, preparing actuarial rate certifications, analyzing claim data, recommending plan design changes, negotiating with plan vendors and evaluating the effectiveness of managed care strategies.

Prior to founding D&A, Tom was an Executive Vice President with Aon Consulting, a subsidiary of Aon Corporation in Chicago. At Aon, Tom was the National Practice Leader for the Health & Welfare Consulting Practice. He also served as the managing consultant for various accounts including Montgomery Ward, Marmon, Zenith Electronics and the Chicagoland Chamber of Commerce. During his eight years with Aon, Tom was a member of the Board of Directors of the Association of Private Pension and Welfare Plans (APPWP).

Prior to joining Aon, Tom was a Principal with William M. Mercer. There he consulted with both large employers and health care providers. While at Mercer, Tom served as a member of the National Managed Care Strategic Planning Committee and Regional Quality Assurance Committee.